



**RICHARD J. CODEY**  
Acting Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Professional Engineers and Land Surveyors  
Home Inspection Advisory Committee  
124 Halsey Street, 3<sup>rd</sup> Floor, Newark, NJ 07102  
[www.njconsumeraffairs.gov](http://www.njconsumeraffairs.gov)



**PETER C. HARVEY**  
Attorney General

**KIMBERLY S. RICKETTS**  
Director

**Mailing Address:**  
P.O. Box 45043  
Newark, NJ 07101  
(973) 504-6233  
FAX: (973) 273-8020

### CERTIFICATION OF PROVIDING DIRECT-ON-SITE SUPERVISION FOR AN ASSOCIATE HOME INSPECTOR APPLICANT

The purpose of this form is for a licensed Home Inspector to attest that he/she provided direct on-site supervision of an individual desirous of becoming an Associate Home Inspector during the performance of a home inspection, and provided direct supervision over the preparation of their home inspection training report(s).

#### CERTIFICATION OF DIRECT ON-SITE SUPERVISION

I, \_\_\_\_\_, in completing this certification for the Home Inspection Advisory Committee, have provided direct, on-site supervision over \_\_\_\_\_ (#) training inspections to \_\_\_\_\_ (*name of applicant*) in his/her quest to qualify as an Associate Home Inspector, pursuant to New Jersey Administrative Code 13:40-15.5(a)4. These inspections were performed during the period of \_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_. Each inspection has been identified below.

Mo. Yr.                      Mo. Yr.

I further swear (or affirm) that I have read N.J.S.A. 45:8-61 et seq., together with the Rules and Regulations of the Home Inspection Advisory Committee, N.J.A.C. 13:40-15.1 et seq., and fully understand that in receiving licensure from the Committee, I have bound myself to be governed by N.J.S.A. 45:8-61 et seq. & N.J.A.C. 13:40-15.1 et seq.

\_\_\_\_\_  
Signature of licensee

\_\_\_\_\_  
NJ Home Inspection License Number

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
NJ Application Number

Date	Location	Client Name	Contact name & telephone number of client or client's representative

\*\*\*\* Attach additional sheets if needed